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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/619,812	
	Filing Date	7/15/03	
	First Named Inventor	Tracy, et al	
	Art Unit	3714	
	Examiner Name	Mark Sager	
Total Number of Pages in This Submission	6	Attorney Docket Number	49673.21801/US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Resubmission of Previously Submitted Change of Correspondence Address; Copy of Request to Change Address and Postcard Previously filed; Postcard
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Firm Name	Carlton Fields, P. A.		
Signature			
Printed name	Li K. Wang		
Date	11/14/05	Reg. No.	44,393

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Typed or printed name	Lucille Golden-Blakey	Date	11/14/05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tracy, et al

Serial No. 10/619,812

Filed: 7/15/03

Art Unit: 3714

Examiner: Mark Sager

Attorney No. 49673.21801

Title: METHODS AND SYSTEMS FOR METERED
RAFFLE-STYLE GAMING

RESUBMISSION OF PREVIOUSLY SUBMITTED CHANGE OF
CORRESPONDENCE ADDRESS

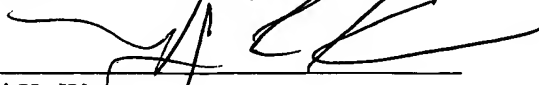
Applicants, in response to the communication dated November 7, 2005, received from the Office of Petitions, in which it is stated that the application file does not indicate a change of address has been filed, respectfully state that a Change of Correspondence Address was filed with the Patent Office on April 15, 2005 and the return postcard indicating receipt of same was stamped by the PTO on April 20, 2005, copies of which are attached hereto.

Please make the submission part of the record and change correspondence address accordingly.

Respectfully submitted,

Tracy, et al.
By their representatives,

CARLTON FIELDS, P. A.

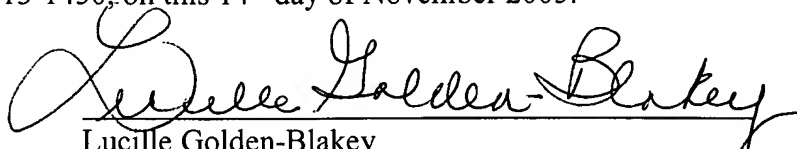


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Lucille Golden-Blakey



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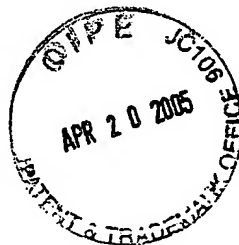
Postcard;

Title: Methods and Systems for Metered Raffle-Style Application

Serial No. 10/618,812

Date Filed: 7/15/03

Atty. Docket No. 49673.21801 (SG)





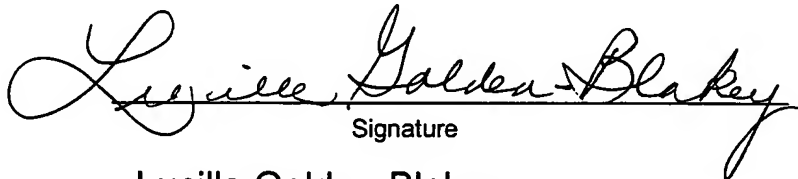
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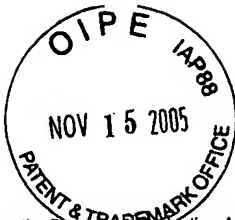
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PTO/SB/122 (09-04)

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**CHANGE OF
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Application**Address to:
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Application Number	10/618,812
Filing Date	7/15/03
First Named Inventor	Tracy, et. al
Art Unit	3714
Examiner Name	Mark A. Sager
Attorney Docket Number	49673.21801

Please change the Correspondence Address for the above-identified patent application to:

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☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or agent of record. Registration Number 44,393☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name K. Wang

Date 4/15/05

Telephone (404) 815-3400

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☐ *Total of _____ forms are submitted.

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